

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/869677** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1				1	
2	1				1	
3		1				1
4	1					1
5		1				1
6		2		1		1
7		2		1		1
8		2		1		1
9		1				1
10		2		1	1	
11		2		1		1
12		2		1		1
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43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.		3		3		3
TOTAL DER.		9		11		11
TOTAL CLAIMS		12		14		14

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	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS